Royal College of
Obstetricians and Gynaecologists

Bringing to life the best in women's health care

Success Markers of a Clinical Service Plan: Lessons from the UK

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What will be covered in this presentation

- Background to clinical service planning in UK
- What do we mean by a clinical service plan and what is the value of developing one?
- A decade of clinical service planning in the UK – what difference has this made?
- The seven markers that make success more likely than failure
- The relevance of clinical service plans to Hong Kong's health care
- A footnote about the future of clinical service plans in the UK

Background to Clinical Service Planning in UK

Early steps in clinical service planning

- In the 1980s, the London-based health think tank, the King's Fund, tried to stimulate a debate about **quality** health care, what defined it and what were its **limits** in a **rationed** health service. This largely failed.
- By the 1990s there was increasing awareness that different parts of the UK performed differently for no obvious reason – there were **variations** in clinical performance and health **outcomes** that were **unacceptable**
- Every UK health professional knew which hospitals to avoid and which to be admitted to, but this knowledge was not of course available to the general public!

2nd May 1997 – landslide for New Labour under PM Tony Blair!

The Labour Government plans

The New NHS

In 1999 the Labour Government set up a national institute to assess quality of clinical care ….

NHS
National Institute for
Health and Clinical Excellence

… and began to performance manage hospitals

CHI
Commission for Health Improvement

The politicians battle the health professionals

- Health professionals resisted what they saw as their independence - professional autonomy and self-regulation - being eroded
- Many doctors objected to their performance being measured
- These objections were undermined by huge medical scandals – Bristol Children's Hospital, Alder Hay Hospital, Dr Harold Shipman, Dr Rodney Ledward – self-regulation failures?
- In response the Government began to publish data on hospitals (and encourage others to publish data on clinicians performance) … and continued the march to managed clinical care

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What do we mean by Clinical Service Plans and what is the value of developing these?

In 1998 the New Labour Government introduced the idea of *National Service Frameworks*

> *"National Service Frameworks will set **national standards** and define **service models** for a defined service or care group; put in place **strategies to support implementation**; and establish **performance measures** against which **progress within an agreed timescale** will be measured. The Commission for Health Improvement will assure progress through a programme of **systematic service reviews**.*

> *"Each National Service Framework will be developed with the assistance of an **expert reference group** which will bring together **health professionals, service users and carers, health service managers, partner agencies, and other advocates**.*

Health Service Circular HSC 074 April 1998

In 1999 the first National Service Framework was published

A National Service Framework for Mental Health

Modern Standards & Service Models

Mental Health NSF – the Seven Standards

1. Promote mental health and end discrimination of mental illness
2. Treating mental illness in primary care
3. Ensure access to services
4. Treat severe mental illness
5. Multi-disciplinary teams for SMI
6. Support carers of people with mental illness
7. Promote services for the prevention of suicide

Three elements of a Clinical Service Plan

1. A Clinical Service Plan is a published document which sets out the **aspirations for a clinical service** and the measures that will be taken to **improve** specific clinical services or services to a specific care group and how those responsible will be held to account.
2. The Clinical Service Plan should set out the **specific objectives** for the service over a period of time, and how each of these objectives will be achieved, and the resources and strategies to be used.
3. The Clinical Service Plan must use **best evidence** to assess current services and set out how service improvements will be **monitored independently**, defining the metrics that will be used to assess **outcomes**.

The National Service Frameworks in England

- Mental Health (1999)
- NHS Cancer Plan (2000)
- Coronary Heart Disease (2001)
- Older People (2001)
- Diabetes (2003)
- Children, Young People and Maternity (2004)
- Renal Services (2004)
- Long-term conditions (2005)

since 2005 there have only been revisions and renewals….

There were good clinical reasons of each priority area, but also other reasons....

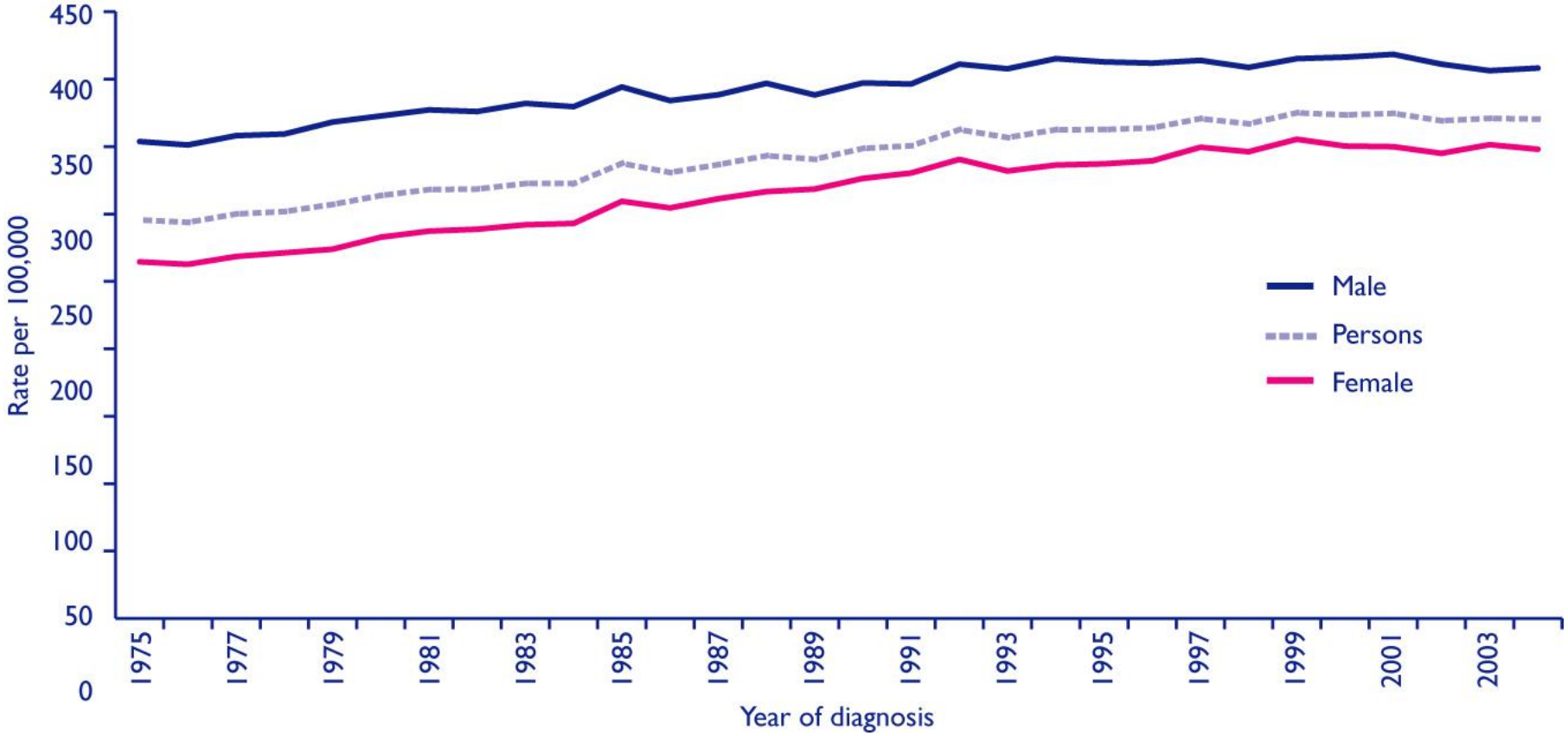
- Media scandals (mental health, children, renal services)
- Work already underway / targets achievable (cancer, heart disease)
- Personal interest of the health minister (heart disease)
- Societal discrimination (older people)
- Emerging public health problem (diabetes)
- New treatments / technologies (renal, heart disease)
- Political lobbying (long-term conditions)

A decade of clinical service planning

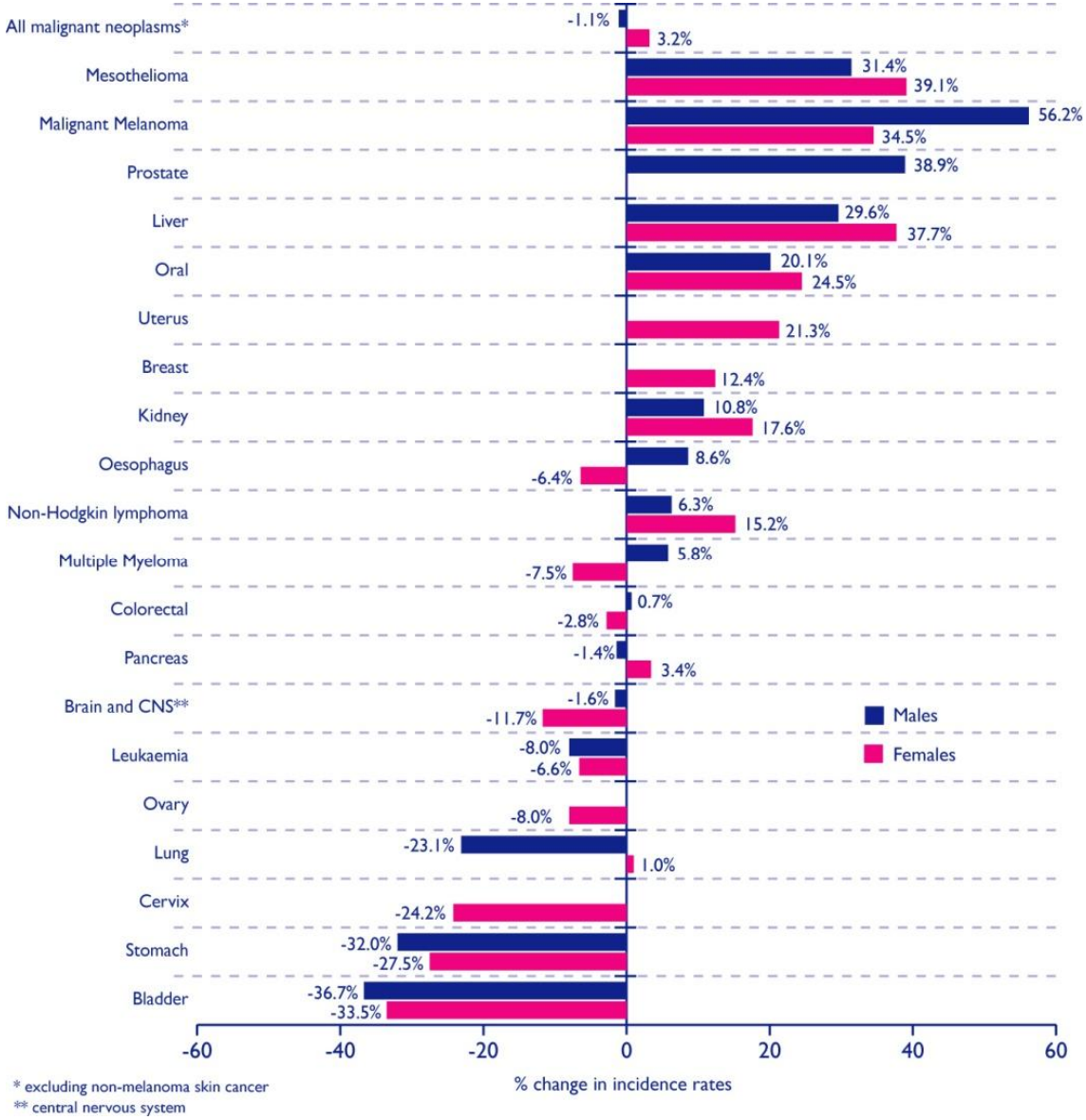
– what difference has this made?

Welcome to the NHS Cancer Plan for England (2000)

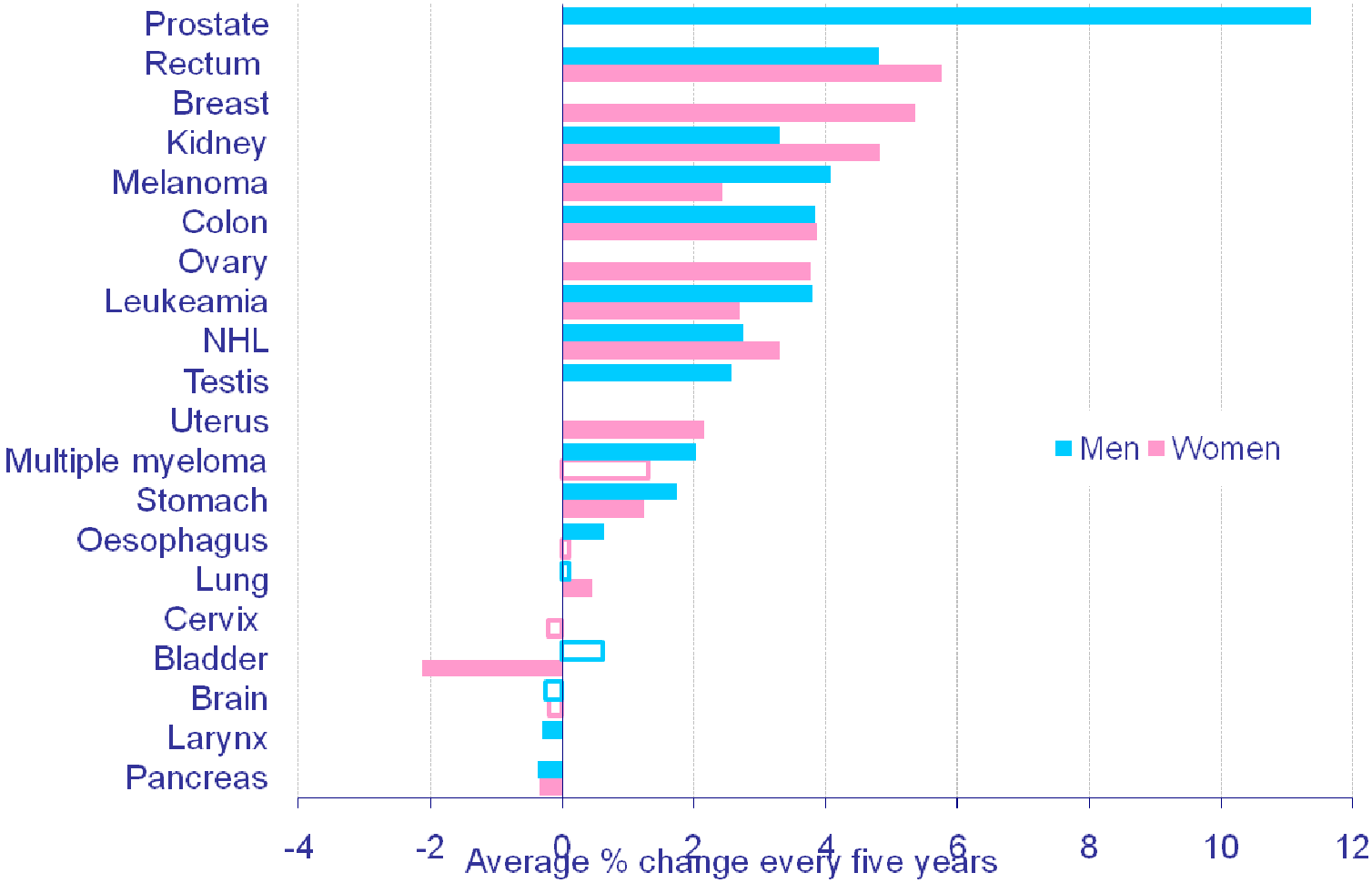
Age-standardised incidence rates, all malignant neoplasms, by sex, Great Britain, 1975-2004



Percentage change in the age-standardised incidence rates, major cancers, UK, 1995-2004



Average change (%) every five years in five-year relative survival, by site and sex, adults diagnosed in England and Wales during 1986-1999



The Cancer Plan was designed to reduce health inequalities between socioeconomic groups

> *"The recently observed reduction in the deprivation gap was minor and limited to 1-year survival, suggesting that, so far, the Cancer Plan has little effect on those inequalities. Our findings highlight that earlier diagnosis and rapid access to optimal treatment should be ensured for all socioeconomic groups.*

Socioeconomic inequalities in cancer survival in England after the NHS cancer plan.

Rachet B. Ellis L. Maringe C. Chu T. Nur U. Quaresma M. Shah A. Walters S. Woods L. Forman D. Coleman MP.

British Journal of Cancer. 103(4):446-53, 2010 Aug 10.

The evidence of outcomes from the Cancer Plan is mixed

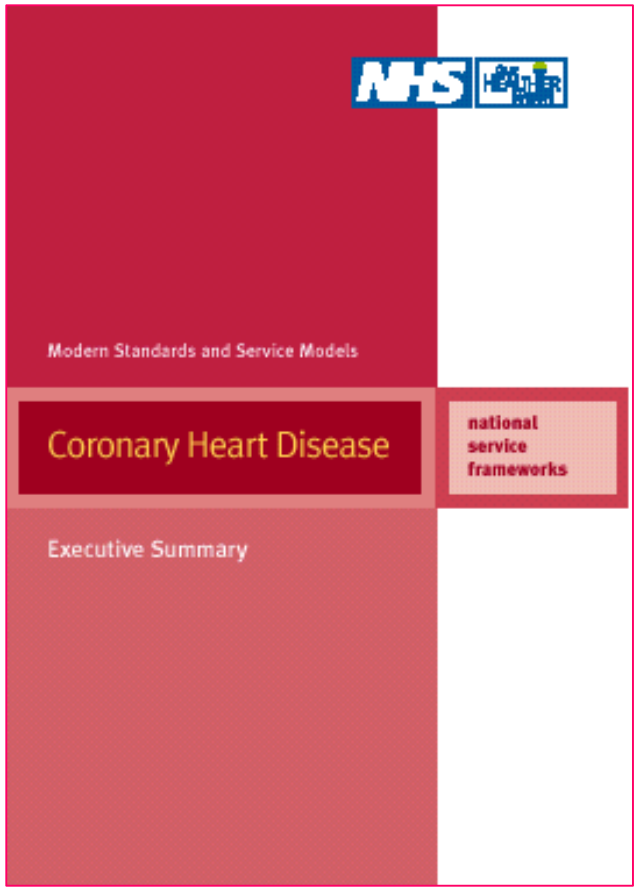
> *“ These different patterns of survival suggest some beneficial effect of the NHS cancer plan for England, although the data do not so far provide a definitive assessment of the effectiveness of the plan.*

Population-based cancer survival trends in England and Wales up to 2007: an assessment of the NHS cancer plan for England.

Rachet B. Maringe C. Nur U. Quaresma M. Shah A. Woods LM. Ellis L. Walters S. Forman D. Steward J. Coleman MP.

Lancet Oncology. 10(4):351-69, 2009 Apr.

Heart Disease and Stroke



12 Standards to

- reduce heart disease in the population
- prevent CHD in high-risk patients in primary care
- treat heart attacks effectively
- investigate and treat angina
- develop revascularisation
- manage heart failure
- promote cardiac rehabilitation

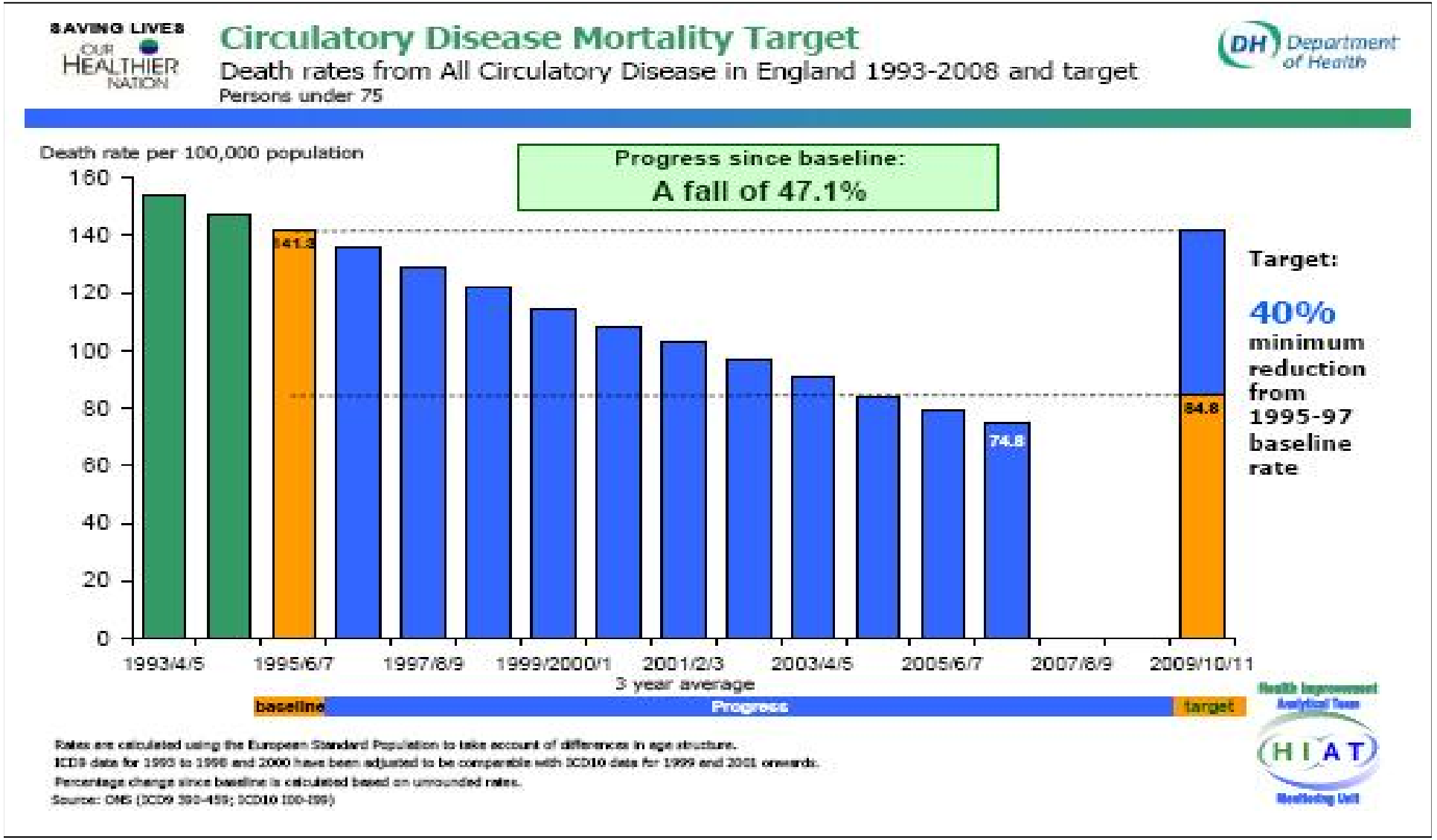
Heart Disease and Stroke

*"The **target** to **reduce deaths from cardiovascular disease** (coronary heart disease, stroke and related diseases) by 40% in people under 75 by 2010 **was met five years early**. The mortality rate has now fallen by 44% when compared with the 1995–97 baseline. No one is waiting more than three months for heart bypass surgery.*

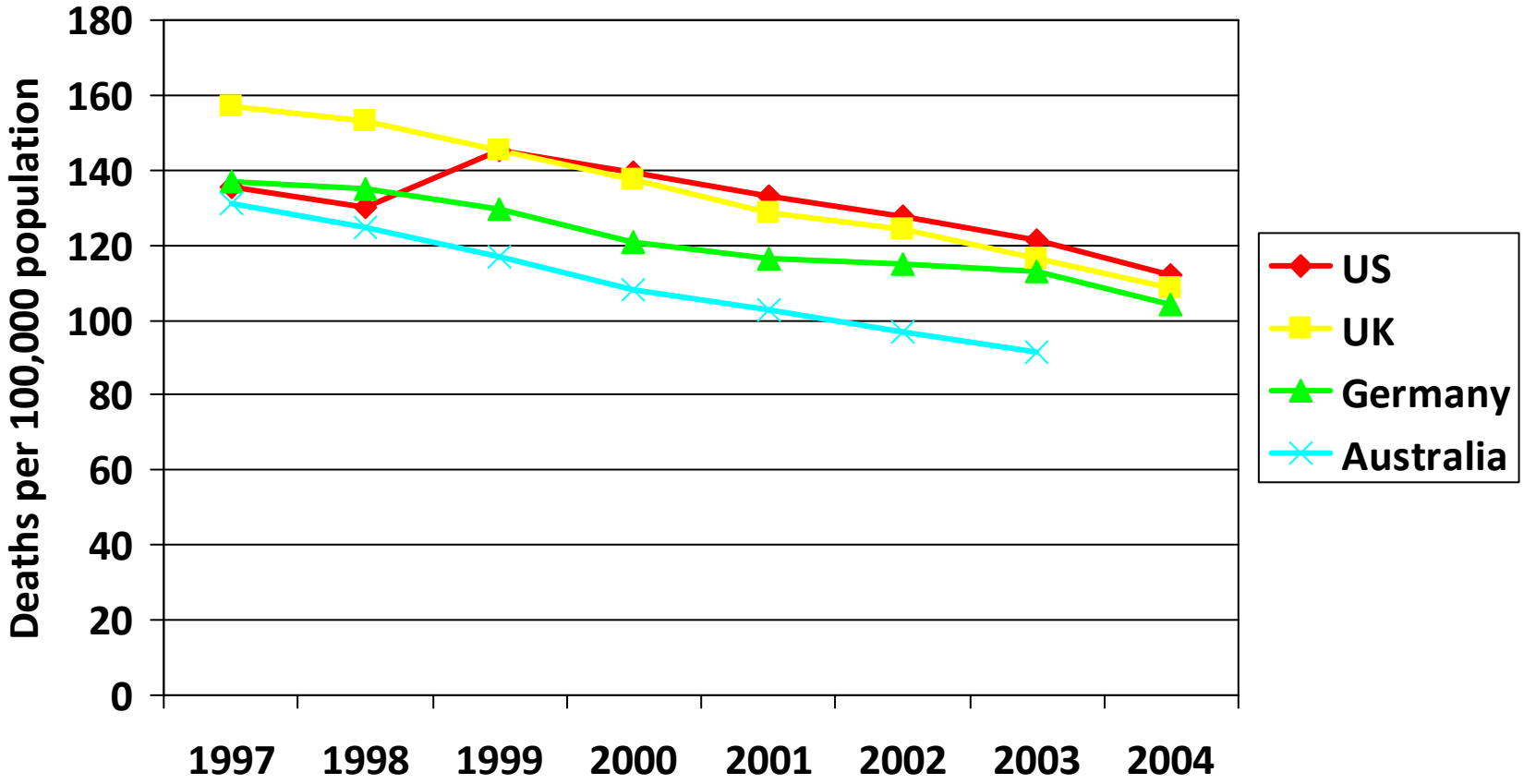
*"**Inequalities** are being tackled – the gap in the death rate from coronary heart disease between the most deprived areas and the national average has narrowed by 32%. We are **on track to meet the target** of at least a 40% reduction in the gap.*

Secretary of State for Health (2008)

Heart Disease and Stroke



But CHD mortality has been falling anyway…



Older People

“ Much progress has been made. There has been a steady increase in the proportion of older people receiving intensive help to maintain a high quality of life independently at home rather than in residential care, with nearly one third (32%) now in this group.

(Source: Health and Social Care Information Centre)

What is the legacy of service planning?

- The NSFs were too vague and aspirational to be measurable
- NSFs fell out of favour as the Labour Government began to run out of political steam and no new national clinical service plans were developed after 2005
- Clinical systems planning however has continued, and managed clinical networks have been successfully introduced in cancer, renal, heart services
- Any politician or health leader in UK must set out a vision for clinical services rather than leave to local circumstances and autonomous clinicians

Markers of Success

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National Clinical Directors

- National clinical directors and advisors - sometimes referred to as ‘Health Czars’ - are experts that oversee the implementation of a national service framework or major clinical or service strategy.
- A national clinical director's role is to spearhead change
- There are currently about 20 such ‘Czars’, a few have been outstanding in this role

A key to success is to put a senior and respected clinician in charge at national level , give them the tool to do the job, and let them get of with it!

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6. Independent measurement of performance against objectives
7. Sustainability, flexibility and renewal for long-term strategic approach

Relevance of Clinical Service Planning to Hong Kong

Clinical service planning in Hong Kong
Mental Health Plan 2010-15

- Published document
- Specific objectives
- Measurable goals with specific time lines
- Accountable teams
- Involves patients in assessment
- Regularly reviewed
- Independently scrutinised

Good start … keep going!

Footnote: the future of clinical service planning in England

The Coalition Government (2010)

Andrew Lansley, Secretary of State for Health, spent six years in Opposition preparing his new Vision for the NHS

- Abolish central targets
- Reduce bureaucracy
- Hand most of the NHS budget to GPs to spend
- Encourage market competition on quality (and price)
- Reduce barriers of entry for private firms and social enterprises
- Remove the controlling hand of the Secretary of State
- Trust the market to provide a higher quality NHS at a lower cost to the State

Back to the future ….

There has been huge opposition to these plans, forcing the Prime Minister to call a halt to the Health Bill and take personal charge of the health agenda

- The Coalition Government is on a collision course with the health professionals
- The BMA and the Medical Colleges say that marketisation will fragment and may destroy the NHS
- Profits will be made by picking the easy services and leaving the high-cost complex services to existing providers
- **This time round the health professions are the defenders of quality and clinical planning**

Thank you!